

EXHIBIT D

EMPLOYMENT WAGE COMPLAINT

Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety and Health Administration
Wage & Hour Division

Mailing Address: Street Address:
P.O. Box 30476 7150 Harris Drive
Lansing, MI 48909-7976 Dimondale, MI 48821
Telephone: 517.322.1825 Facsimile: 517.322.6352
Website: www.michigan.gov/wagehour

IMPORTANT: By filing this claim with the Wage and Hour Division, you are electing a remedy which may prevent you from pursuing this claim elsewhere, including civil court.

LARA is an equal opportunity employer/program. Auxilliary aids, services and other reasonable accommodations are available, upon request, to individuals with disabilities for the purpose of accessibility under the state and federal law. Please call 517.322.1825 to make your needs known to this agency.

AUTHORITY: ACT 390, PUBLIC ACTS OF 1978, AS AMENDED
ACT 154, PUBLIC ACTS OF 1964, AS AMENDED

COMPLETION: VOLUNTARY

PENALTY: NONE

EMPLOYEE INFORMATION Please print

LAST NAME, FIRST NAME, MIDDLE INITIAL ☒ Mr. ☐ Ms. ☐ Mrs. ☐ Miss. ☐ Dr. LAST 4 NUMBERS OF SOCIAL SECURITY NUMBER:
Reeser, Natalie K

ADDRESS (STREET NUMBER AND NAME):
20481 Foster Drive

BIRTH DATE:

12/31/1980

CITY, STATE, ZIP:

Clinton Twp, MI 48036

COUNTY:

macomb

EMAIL ADDRESS:

natalie_19_99@yahoo.com

PRIMARY TELEPHONE NUMBER:

586-843-6020

DAYTIME TELEPHONE NUMBER:

586-843-6020

CONTACT INFORMATION FOR SOMEONE WHO WILL ALWAYS KNOW HOW TO REACH YOU.

ADDRESS WHERE YOU WORKED (STREET NUMBER AND NAME): **15945 19 Mile Rd Suite 104**

CITY, STATE, ZIP:

Clinton Twp MI 48038

COUNTY:

Macomb

Start date of employment (Month/Day/Year): **05/16/2011**

Last date worked (Month/Day/Year):

Employment Status:

☐ QUIT ☐ DISCHARGED ☒ STILL EMPLOYED

How often were you paid?

☐ WEEKLY ☒ BI-WEEKLY ☐ SEMI-MONTHLY ☐ MONTHLY

LIST YOUR RATE OF PAY:

PER HOUR

SALARY

COMMISSION

PIECE RATE/OTHER

PROVIDE A COPY OF YOUR CHECK STUB.

\$ 14.28

\$

\$

\$

If salaried, how many days/hours were you required to work each week or pay period?

What was/is your job title?

Phlebotomist / Lab asistant

EMPLOYER INFORMATION

BUSINESS NAME:

Henry Ford Medical Labortory

TYPE OF BUSINESS:

62 Health Care and Social Assistance

BUSINESS ADDRESS (STREET NUMBER AND NAME):

2799 West Grand Blvd

CITY, STATE, ZIP:

Detroit, MI 48202

COUNTY

wayne

TELEPHONE NUMBER:

FAX NUMBER:

EMAIL OR WEBSITE ADDRESS OF EMPLOYER (IF KNOWN):

jhood1@hfhs.org

NAME OF PERSON IN CHARGE OF DAY-TO-DAY OPERATIONS:

Jill Hood

LIST THE APPROXIMATE NUMBER OF EMPLOYEES:

23000

Was Your Employment Governed by One or More Employers? If so, list below the additional employer's name, address, city, state, zip code, and telephone number or attach an additiional sheet listing the information.

THE CLAIM WILL BE RETURNED IF A CLAIM AMOUNT AND A CLAIM PERIOD ARE NOT PROVIDED.

Filing this complaint does not guarantee payment or a finding in your favor.

Please provide documentation to substantiate your claim, for example, pay stubs, time sheets, written policies and ect.

Your Reason for Filing this Claim	Period Claimed		Calculate Amount Claimed (Attach additional sheets if necessary)	Amount Claimed
	Month/Day/Year	to Month/Day/Year		
WAGES			from 5/16/2011 to around 5/16/2012 everyone was taking an hour lunch, and was paid for a half hour of that, I never got a lunch and they still took out 1/2 everyday from my check, I was working from 7:30 am to 6 pm with no breaks or lunches but they still took it out of my pay check so for the first year 200 days at time and a half for one hour that is $200 \times 14 = 2,800$ then from 5/17/2012 to 2/25/2014 they made lunches 30 minutes, except I never got one and they continue to take 30 minutes out of my check everyday, even though I never get a break or lunch so for those extra 400 days at time and a half $0.30 \times 400 = 120 \times 21.42$ is 2,570.40 for a total asking amount of 6,852.40	
Hourly Wages	5/16/2011	02/25/2014		14.28
Salary	/ /	/ /		
Commissions (Provide list of commissions)	/ /	/ /		
Piece Rate/Other	/ /	/ /		
Unauthorized Deductions	/ /	/ /		
FRINGE BENEFITS (Provide written policy or contract)				
Vacation Pay	/ /	/ /		
Paid Time Off	/ /	/ /		
Holiday Pay	/ /	/ /		
Sick Pay	/ /	/ /		
Expense Reimbursement (Provide list of expenses)	/ /	/ /		
Bonus (List type of bonus)	/ /	/ /		
MINIMUM WAGE	/ /	/ /		
OVERTIME	/ /	/ /		
TOTAL GROSS (before tax deductions) AMOUNT CLAIMED				6852.40

Are you filing a complaint for pay stubs or wage statements you did not receive?

YES NO

If yes, please list dates you did not receive a pay stub or wage statement

☒ ☐

I have been employed by Henry ford since 5/16/2011 I have had a lunch maybe ten times in those almost three years,

PLEASE ANSWER THE FOLLOWING

	YES	NO
Have you filed a law suit against the employer on the issues of this claim?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If claiming fringe benefits, was a written policy or contract in effect during your employment? If yes, please provide a copy of the written policy or contract.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the business make more than \$500,000/year or transport goods outside of Michigan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was your employment covered by a union contract? If yes, please submit a copy of the contract.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CERTIFICATION I certify that to the best of my knowledge and belief, this is a true statement of wages and/or fringe benefits due me. I will inform the department if any of the following occur: Change of name, address, and/or telephone number for myself and/or employer, or a direct payment or settlement of the claim.

Signature of Complainant:

DATE:

NO ADDITIONAL INFORMATION WILL BE SENT

ONLINE REFERENCE NUMBER: 586-843-6020

DATE: 02/27/2014